

SERFF Tracking Number:	TPCI-125836212	State:	Arkansas
Filing Company:	PHL Variable Insurance Company	State Tracking Number:	40435
Company Tracking Number:	OL4322		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Financial Questionnaire		
Project Name/Number:	/		

## Filing at a Glance

Company: PHL Variable Insurance Company

Product Name: Financial Questionnaire

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: TPCI-125836212

SERFF Status: Closed

Co Tr Num: OL4322

Co Status:

Authors: Peter Scavongelli, Scott

Zweig, Joseph Bonfitto, Marilyn

Dolan, Elizabeth Wheeler, Barbara

Slater, Industry Support, James

Bronsdon, Kathleen Underwood

Date Submitted: 10/02/2008

State: ArkansasLH

State Tr Num: 40435

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/09/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/09/2008

State Status Changed: 10/09/2008

Corresponding Filing Tracking Number:

Filing Description:

\*Please see cover letter.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

## Company and Contact

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### Filing Contact Information

Barbara Slater, Compliance Coordinator	barbara.slater@phoenixwm.com
One American Row	(860) 403-5607 [Phone]
Hartford, CT 06102	(860) 403-7252[FAX]

### Filing Company Information

PHL Variable Insurance Company	CoCode: 93548	State of Domicile: Connecticut
One American Row	Group Code: 403	Company Type: Life Insurance and Annuities
Hartford, CT 06102	Group Name:	State ID Number:
(860) 403-5000 ext. [Phone]	FEIN Number: 06-1045829	
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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 form @ \$20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
PHL Variable Insurance Company	\$20.00	10/02/2008	22892640

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	10/09/2008	10/09/2008

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## **Disposition**

Disposition Date: 10/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Form	Financial Quesionnaire		Yes

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## Form Schedule

Lead Form Number: OL4322

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	OL4322	Application/ Financial Enrollment Quesionnaire Form	Initial		56	OL4322 9-24-08.pdf



[ PHL Variable Insurance Company ]  
[ Regular Mail: PO Box 8027  
Boston MA 02067-8027  
Express Mail: 30 Dan Road, Suite 8027  
Canton MA 02021-2809 ]

## Financial Questionnaire

The following financial disclosures are for the purpose of establishing financial insurability in connection with this application for insurance.

### Section A: Proposed Insured Information

Proposed Insured's Name: John Doe Phone Number: 860-555-1212

	<u>Name</u>	<u>Phone Number</u>	<u>Length of Relationship</u>
1. References:	Jane Doe	860-555-1212	20 years
2. Accountant	John Accountant	860-555-1212	15 years
3. Banking	John Banker	860-555-1212	30 years
4. Attorney	John Attorney	860-555-1212	10 years
5. Other			

### Section[B: Personal Insurance ]

- [ 1. Purpose of coverage: Insurance
2. Is the policy in accordance with your insurance objectives and your anticipated financial needs? ☒ Yes ☐ No
3. Please indicate the source of funds being used to make premium payments Current income through occupation
4. Amount of coverage currently in force (including any policies previously sold): none
5. Amount of coverage currently applied for at all carriers: \$100,000
6. Total amount of life insurance to be placed with all carriers: \$100,000
7. Amounts of coverage in force on your spouse: \$100,000
8. Amounts of coverage currently applied for on your spouse: None
9. Please explain how the amount of coverage was determined and why this amount of coverage is necessary.  
Coverage determined by financial planner.
- ]

### Section[C: Income Statement ]

	<u>Last Year</u>	<u>Prior Year</u>
1. Annual salary	100,000	90,000
2. Dividends, etc.	1,000	1,000
3. Other Income		
Total	101,000	91,000

Describe Source: \_\_\_\_\_

### Section[D: Estimated Net Worth ]

<u>Assets</u>		<u>Liabilities</u>	
[ 1. Cash	50,000	11. Notes Payable	
2. Notes Receivable		12. Accounts Payable	50,000
3. Accounts Receivable		13. Loans on Life Insurance	
4. Cash Value Life Insurance		14. Taxes and Interest Due	
5. Real Estate		15. Mortgages	150,000
6. Business Holdings		16. Other Liabilities	
7. Marketable Securities	500,000	17. Total	200,000
8. Personal Property	300,000		
9. Other Assets			
10. Total	850,000	18. Net Worth	650,000

]

For any asset amounts listed under real estate please complete the Real Estate section on page [3] of this form. For any asset amounts listed under business holdings, the Business Insurance section on page [2] must also be completed. Failure to fully complete these sections will result in these asset amounts not being included in the net worth calculation.

## Section[E: Business Insurance ]

This section is to be completed if the policy is owned by a business, the purpose of coverage is business needs or if business holdings were indicated in the Personal Coverage section of this form.

- [ 1. Name of company: \_\_\_\_\_  
☐ Corporation  
2. Type of organization: ☐ Partnership  
☐ Sole Proprietorship  
3. Date established: \_\_\_\_\_  
4. Nature of business: \_\_\_\_\_  
5. Publicly traded: ☐ Yes ☐ No  
6. Purpose of Business Insurance: ☐ Key Person ☐ Deferred Compensation ☐ Buy/Sell ☐ Other  
Explain "Other" \_\_\_\_\_

7. Other business coverage in force:

Company	Amount	Purpose

8. If key person insurance, why is the person to be insured important to the company:  
\_\_\_\_\_  
\_\_\_\_\_

9. If buy/sell is there a written buy/sell agreement in effect? ☐ Yes ☐ No  
If yes, how is the business being valued in the agreement? \_\_\_\_\_

10. If debt indemnification coverage:

Name of Debt Holder	Purpose of Loan	Amount

11. What percentage of the business do you own? \_\_\_\_\_

12. Are other corporate officers or partners being insured? ☐ Yes ☐ No

Names	% Ownership	Business Insurance In Force	Amount Currently Applied For

## Section[F: Financial Details of the Business]

	Fiscal Year Ending Date: _____	Previous Year
[ 1. Total Assets	_____	_____
2. Total Liabilities	_____	_____
3. Gross Sales of Revenue	_____	_____
4. Net Income (after taxes)	_____	_____
5. Fair Market value	_____	_____

6. How was the amount of coverage arrived at? \_\_\_\_\_ ]



**Section[G: Personal or Business Bankruptcy ]**

Have you or any business in which you either direct or indirectly held an ownership interest greater than 10% been in bankruptcy? If yes, please provide: ☐ Yes ☒ No

Type	Date	State Discharged

**Section[H: Real Estate]**

This section is to be completed if Real Estate holdings are indicated in the personal insurance section. Please provide the following details for each property:

Address	Structure of Ownership	Percent of Ownership

**Section[I:]**

By signing below, the undersigned declare and certify that the information contained in this Financial Questionnaire is true, correct and complete to the best of their knowledge, information and belief. The undersigned further declare that each of them understand, acknowledge and agree that Phoenix is relying on the information contained in this Financial Questionnaire in making its determination to issue the policy applied for and that the statements contained herein shall continue to be true, correct and complete as of the time of issuance and delivery of the policy. In the event that prior to issuance and delivery of the policy, the answers to any of the above questions are no longer true, accurate and correct, each of the undersigned confirms that they shall notify Phoenix immediately of such changed answers and that such notification shall occur prior to delivery of any policy.

Proposed Insured Signature	State Signed In	Date
	CT	12/31/2008
	CT	12/31/2008
Owner's Signature (if other than Proposed Insured)	State Signed In	Date

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of competent jurisdiction. (Not applicable in AR, DC, FL, LA, ME, MA, NJ, NM, NY, OH, OR, PA, TX, VA and WA.)

In AR and LA any person who knowingly presents a false or fraudulent claim to payments of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In DC, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES IN ADDITION, ANY INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

In OH, any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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## **Rate Information**

Rate data does NOT apply to filing.

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State: Arkansas

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State Tracking Number: 40435

Company Tracking Number: OL4322

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Financial Questionnaire

Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

09/29/2008

**Comments:**

**Attachment:**

AR certification - OL4322.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability

10/02/2008

**Comments:**

**Attachment:**

Statement of Variability - OL4322.pdf

### Review Status:

**Satisfied -Name:** Cover Letter

10/02/2008

**Comments:**

**Attachment:**

AR Cover Letter.pdf

## **ARKANSAS CERTIFICATION**

FORM NO.	<b>OL4322</b>
FORM TITLE	<b>Financial Questionnaire</b>
FLESCH SCORE	<b>56.32</b>

I hereby certify the following:

- To the best of my knowledge and belief, the above form(s) and submission comply with Reg. 19 and Reg. 49, as well as the other laws and regulations of the State of Arkansas.
- The attached forms have achieved Flesch Reading Ease scores in compliance with Arkansas Code 23-80-206.

**PHL Variable Insurance Company**



Signature: \_\_\_\_\_

Name: Barbara Slater  
Title: Compliance Coordinator  
Date: September 30, 2008

## **Statement of Variability - Financial Questionnaire**

This Statement of Variability sets forth the variable information which will appear in brackets in form **OL4322 (Financial Questionnaire)**. No change in variability will be made which in any way expands the scope of the wording being changed.

### **OL4322, PAGE 1 of 3**

Company Name: The name of the company has been bracketed to indicate that this application could be used with a different company affiliated with PHL Variable Insurance Company.

Company Address: The address on this page is bracketed to indicate that it may either change or an additional address may be added in the future.

All section headings from B to I have been bracketed to indicate that the ordering of sections may change and/or sections may be deleted causing a reordering. References to page numbers have also been bracketed to indicate they may change due to reordering

Section B: Personal Insurance: The questions in this section have been bracketed to indicate that some or all of the questions may either be deleted or additional questions may be added in the future, or the ordering of questions may be changed.

Section D: Estimated Net Worth: The questions in this section have been bracketed to indicate that some or all of the questions may either be deleted or additional questions added in the future, or the ordering of questions may be changed.

### **OL4322, PAGE 2 of 3**

Section E: Business Insurance: The questions in this section have been bracketed to indicate that some or all of the questions may either be deleted or additional questions added in the future, or the ordering of questions may be changed.

Section F: Financial Details of the Business: The questions in this section have been bracketed to indicate that some or all of the questions may either be deleted or additional questions added in the future, or the ordering of questions may be changed.



**Barbara Slater -**  
**State Compliance Coordinator**  
Life & Annuity State Compliance Office  
One American Row Hartford, CT 06102-5056  
(860) 403-5607 Fax: (860) 403-7252  
Toll Free: 1-800-349-9267 (press 2, then 7)  
Email: Barbara.Slater@phoenixwm.com

October 2, 2008

Mr. Joe Musgrove  
Department of Insurance  
State of Arkansas  
1200 West Third Street  
Little Rock, Arkansas 72201

RE: **PHL Variable Insurance Company**  
NAIC # 93548, FEIN #06-1045829

**For Approval Purposes**  
Form OL4322 – Financial Questionnaire

Dear Mr. Musgrove:

We are filing the above-referenced form for approval in your jurisdiction. The form is filed in accordance with the applicable statutes and regulations of your jurisdiction and is laser printed, subject only to minor variations in paper stock, color, fonts, duplexing, and positioning. This form is new and is not intended to replace any existing form. The form will be effective on the date of approval. This form will be used on an individual basis in our general market. These forms were approved by our domiciliary state of Connecticut for use outside of Connecticut effective October 2, 2008.

Application form OL4322, Financial Questionnaire, is a standardized questionnaire form that we will use with policy forms previously and subsequently approved by your Department. It will be used whenever financial underwriting is necessary. Our current procedure will be that this form will be used contingent upon if the insured is age 65 and over and the face amount is \$2 million or higher, or if the insured is age 64 and lower and the face amount is \$3 million or higher. We reserve the right to change the age and dollar threshold or to add additional triggering factors.

No part of this filing contains any unusual or controversial items from normal company or industry standards and is submitted to comply with the legal requirements of your state. We intend to implement this form as soon as we receive approval from your Department.

Please see the enclosed Statement of Variability for a complete description of the bracketing that appears in the form. This form will be filed in all states, the District of Columbia and Puerto Rico.

Any requisite fees and filing documents have been enclosed.

Your attention to this submission is appreciated. Should you have any questions or comments regarding this filing, please contact me at (860) 403-5607 or by email at Barbara.Slater@PhoenixWM.com

Thank you in advance for your immediate attention.

Sincerely,

Barbara Slater  
State Compliance Coordinator

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